

Football Hall of Fame in 1993, and was selected this year as the Greatest All-Time NFL Player by more than 200 players from the NFL Draft Class of 1999.

More important, Walter Payton matched his accomplishments on the football field with his selfless actions off the field on behalf of those in need. He earned a degree in special education from Jackson State University and worked throughout his adult life to improve the lives of children. In 1988, he established the Halas/Payton Foundation to help educate Chicago's youth.

Walter Payton was truly an American hero in every sense of the term. He died tragically at age 45, but his legacy will live in our hearts and minds forever. Today, Mr. President, Illinois mourns. Sweetness, we will miss you.

Mr. DURBIN. Mr. President, I rise today to pay tribute to perhaps the best running back who ever carried a football, Walter Payton, who died yesterday at the age of 45. In Carl Sandburg's *City of the Big Shoulders*, "Sweetness," as Payton was nicknamed, managed to carry the football hopes of an entire city on his shoulders for 13 magnificent years.

From the law firms on LaSalle to the meat packing plants on Fulton, Monday mornings in Chicago were always filled with tales of Payton's exploits on the field from the previous day. We marveled at his ability and reveled in the glory he brought to Chicago and Da Bears. In a life cut short by a rare disease, he blessed Chicago with several lifetimes of charisma, courage, and talent.

Who could forget the many times Payton lined up in the red zone and soared above opposing defenders for a Bears touchdown? Or the frequency with which his 5-10, 204-pound frame bowled over 250-pound linebackers en route to another 100-yard-plus rushing game? His relentless pursuit of that extra yard and the passion with which he sought it made his nickname, Sweetness, all the more ironic. It would take the rarest of diseases, barely pronounceable and unfortunately insurmountable, to finally bring Sweetness down.

It was that passion that inspired Payton's first position coach, Fred O'Connor, to declare: "God must have taken a chisel and said, 'I'm going to make me a halfback.'" Coach Ditka called Payton simply "the greatest football player I've ever seen." Payton's eight National Football League (NFL) records, most of which still stand today, merely underscore his peerless performance on the field and his extraordinary life away from it. The man who wore number 34 distinguished himself as the greatest performer in the 80-year history of a team that boasts more Hall of Famers than any other team in League history.

He played hurt many times throughout his career, and on one notable oc-

casional, when he should have been hospitalized with a 102 degree fever, he played football. On that day, November 20, 1977, Payton turned in the greatest rushing performance in NFL history, rushing for a league record 275 yards en route to victory against the Minnesota Vikings.

Self-assured but never cocky, Sweetness had no interest in indulging the media by uttering the self-aggrandizing sound bites that are all too common among today's athletes. Instead, he would praise the blocking efforts of fullback Matt Suhey or his offensive linemen, all of whom were inextricably linked to the surfeit of records he amassed. He play the game with a rare humility—refusing to call attention to himself—always recognizing the individuals who paved the way for his achievements.

He once refused to be interviewed by former Ms. America Phyllis George unless his entire corps of linemen were included. Following his first 1,000 yard rushing season, Payton bought his offensive linemen engraved watches. The engraving, however, made no mention of the 1,390 yards he finished with that year, but instead noted the score of the game in which he reached 1,000 yards, underscoring the essential contributions that his offensive linemen made in enabling him to achieve this feat.

And how many times did we see Walter Payton dance down the field, a limp leg, a quick cut, a break-away. He could find daylight in a crowded elevator. And when a tackler finally brought him down, Walter Payton would jump to his feet and reach down to help his tackler up. That's the kind of football player he was. That's the kind of person he was.

Payton lightened the atmosphere at Hallas Hall with an often outlandish sense of humor, even during the years when the Bears received boos from the fans and scathing criticism from the press. Rookies in training camp were often greeted by firecrackers in their locker room and unsuspecting teammates often faced a series of pranks when they turned their backs on Payton. Just last week, as Payton was clinging to life, he sent Suhey on a trip to Hall of Famer Mike Singletary's house, but not before he gave Suhey a series of incorrect addresses and directed Suhey to hide a hamburger and a malt in Singletary's garage.

While Payton lived an unparalleled life on the football field, he also lived a very full life off the field. He was a brilliant businessman, but never too busy to devote countless hours to charitable deeds, most of which were unsolicited and voluntary. Sweetness shared with us a sense of humanity that will endure as long as his records. I had the good fortune on July 4th to meet his wife and children, who are equally fine people. The apple didn't fall too far from the tree. Jarrett

Payton, like his father, decided to try out for football in his Junior Year. Jarrett was a standout at St. Viator High School in Arlington Heights, a Chicago suburb, and he is now playing football at the University of Miami. It looks as if he may have quite a career of his own.

In his last year, Walter Payton helped illuminate the plight of individuals who are afflicted with diseases that require organ transplants. Patients with the rare liver disease that Payton contracted, primary sclerosing cholangitis (PSC), have a 90% chance of surviving more than one year if they receive a liver transplant. Unfortunately, the need for donations greatly exceeds the demand. The longer that patients wait on the organ donation list, the more likely it is that their health will deteriorate. In Payton's case, the risk of deadly complications, which included bile duct cancer, grew too quickly. Payton likely would have had to wait years for his life-saving liver. This was time he did not have before cancer took his life yesterday. A day when everyone who needs a life-saving organ can be treated with one cannot come soon enough.

More than 66,000 men, women, and children are currently awaiting the chance to prolong their lives by finding a matching donor. Minorities, who comprise approximately 25% of the population, represent over 40% of this organ transplant waiting list. Because of these alarming statistics, thirteen people die each day while waiting for a donated liver, heart, kidney, or other organ. Half of these deaths are people of color. The untimely death of Payton is a wake-up call for each of us to become organ donors and discuss our intentions with our families so that we do not lose another hero, or a son, a daughter, a mother or a father to a disease that can be overcome with an organ transplant.

Mr. President, today is a sad day in Chicago and in our nation. We have lost a father, a husband, a friend, and a role model all at once. While we are overcome with grief, we are also reminded of the blessings that Payton bestowed upon his wife, Corrine, his children, Jarrett and Brittney, and the city of Chicago during his brief time with us.

So thanks for the memories, Sweetness. Soldier Field will never be the same.

DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2000—CONFERENCE REPORT—Resumed

The PRESIDING OFFICER. Under the previous order, the clerk will report the conference report.

The legislative clerk read as follows: Conference report to accompany H.R. 3064 making appropriations for the Government of the District of Columbia and other activities chargeable in whole or in part against

revenues of said District for the fiscal year ending September 30, 2000, and for other purposes.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. STEVENS. Mr. President, what is the time situation with regard to the conference report?

The PRESIDING OFFICER. The Senator from Alaska has 5 minutes.

Mr. STEVENS. Is there a set time to vote, Mr. President?

The PRESIDING OFFICER. We are to vote in 30 minutes. There are six Senators who have 5 minutes apiece.

Mr. STEVENS. Mr. President, we will hear from the managers of the bill, I am certain. There are two sets of managers, as a matter of fact. This is a bill that combines the District of Columbia appropriations bill and the Labor-Health and Human Services bill. I am here today as chairman to urge Members of the Senate to vote favorably for this bill and to send it to the President.

The big bill in this conference report before us, the Labor-Health and Human Services bill, is the 13th appropriations bill. With the adoption of this conference report, we will have sent all 13 bills to the President. If one considers the timeframe of this Congress, with the time we spent on the impeachment process and then the delays that came our way because of the various emergencies that have taken our attention, particularly in the appropriations process this year—Kosovo, the devastating hurricanes, and the disaster in the farm area—one will understand why we are this late in the day considering the 13th bill.

This bill has had some problems because of our overall budget control mechanisms. We have been limited in terms of the money available. We have stayed within those limits. We have forward funded some of the items so they will be charged against future years. But those are items that primarily would be spent in those years.

We have had a real commitment on a bipartisan basis not to invade the Social Security surplus. As we look into the future with the retirement of an enormous generation, the baby boom generation, there is no question that Social Security surplus must be sound, and we are doing our best to make sure that is the case.

We have had a series of issues before us. We have had some disagreements with the President. In this bill, we try to work out those differences. We have provided moneys for our children, for the Boys and Girls Clubs; we have provided for law enforcement officers to have safe, bulletproof vests. With so many things going on in terms of children and education, we tried to meet the President more than halfway on his requests for education.

The bill would probably be signed but for the differences between the admin-

istration and the Congress over how to handle the funding. We have included, as a matter of fact, against my best wishes, an across-the-board cut. That is primarily because only the administration can identify some of the areas we can reduce safely without harming the programs, and I am confident when we come to what we call the final period to devise a bill, we will work out with the administration some offsets that will take care of the bill. I am hopeful we will have no across-the-board cut, but if it comes, it will not be as large as the one in this bill right now.

I am urging Members of the Senate to vote for this bill. I do believe we can be assured, and I was assured yesterday, that the bill will be vetoed. There is no question about that. But also, we had probably the most productive and positive meeting with the administration yesterday. I expect to be starting those discussions in our office in the Capitol with representatives of the President within just a few moments, and we are very hopeful we can come together and bring to the Senate and to the Congress a solution to the differences between us and get this final series of bills completed.

There are five bills that have not been signed: State-Justice-Commerce was vetoed, and that is being reviewed by the group I just mentioned, along with the foreign assistance bill; the Interior bill is in conference and should be ready to send to the President today, I hope; the D.C. bill is here, and it should be available to us.

The impact of what I am saying is, I think it is possible, if the Congress has the will to come together now and to work with the President's people who have indicated their desire to finish this appropriations process, that we can finish our business and complete our work by a week from tomorrow. That will take a substantial amount of understanding on the part of everyone.

I am hopeful from what we are hearing now that some of the rhetoric will subside and we will have positive thinking about how to complete our work. But I do urge approval of this conference report.

The PRESIDING OFFICER. The minority leader.

Mr. DASCHLE. Mr. President, I will use leader time to say a few words about this bill and where we are.

Mr. President, there is no one for whom I have greater respect for than the distinguished senior Senator from Alaska. But I must say, I question why we are here today voting on a bill that we know will be vetoed. If we are going to try to retain the positive environment to which the senior Senator has just alluded, I do not understand how it is positive to send a bill down to the President that we know will be vetoed, which will then require us to go right back to the negotiating table where we

were yesterday. I do not understand that.

I think a far better course is to defeat this bill, go back downstairs, negotiate seriously with the White House, and come together with Democrats to assure that we can pass a bill overwhelmingly.

I do not recall whether I have ever voted against an Education appropriations bill. This may be unprecedented for many of us on this side of the aisle. As I understand it, the distinguished ranking member of the subcommittee on Health and Human Services is going to vote against this bill. I am going to join him, and I am going to join with most Democrats, if not all Democrats, in our unanimous opposition to what the bill represents. That is unprecedented.

We should not have to be here doing this today. If we are serious about doing something positive and bringing this whole effort to closure, I cannot imagine we could be doing anything more counterproductive than to send a bill down that we know is going to be vetoed.

Why is it going to be vetoed? It is going to be vetoed because we violate the very contract that we all signed 1 year ago, a contract that Republicans and Democrats hailed at the time as a major departure when it comes to education. We recognized that, in as consequential a way as we know how to make at the Federal level, we are going to reduce class size, just as we said we were going to hire more policemen with the COPS Program a couple years before. We committed to hiring 100,000 new teachers and ensuring that across this country the message is: We hear you. We are going to reduce class size and make quality education the priority on both sides of the aisle, Republicans and Democrats.

I think both parties took out ads right afterward saying what a major achievement it was. We were all excited about the fact that we did this for our kids, for education, and what a departure it represented from past practice. We did that 1 year ago.

Here we are now with the very question: Should we extend what we hailed last year to be the kind of achievement that it was? A couple of days ago, a report came out which indicated that in those school districts where additional teachers had been hired, there was a clear and very extraordinary development: Class sizes were smaller, quality education was up, teachers were being hired, and this program was working. We had it in black and white—given to every Senator—it is working.

So why now, with that clear evidence, with the bipartisan understanding that we had just a year ago that we were going to make this commitment all the way through to the end, hiring 100,000 new teachers, why now that would even be on the table is

something I do not understand. Twenty-nine thousand teachers could be fired.

But it is as a result of the fact that our Republican colleagues continue to refuse to extend and maintain the kind of program we all hailed last year that we are here with a threat of a veto.

I do not care whether it is this week, next week, if we are into December, if it is the day before Christmas, if that issue has not been resolved satisfactorily, we are not going to leave. We can talk all we want to about a positive environment, but we are not going to have a positive environment conducive to resolving this matter until that issue is resolved satisfactorily.

So there isn't much positive one can say about our dilemma on that issue.

Another big dilemma is the extraordinary impact delaying funding will have on the NIH. Sixty percent of the research grant portfolio will be delayed until the last 2 days of this fiscal year—60 percent. Eight thousand new research grants will be delayed and grantees will be denied the opportunity to compete—8,000 grantees. This is probably going to have as Earth shaking an impact on NIH as anything since NIH was created.

I do not know of anything that could have a more chilling effect on the way we provide funding for grants through NIH than what this budget proposes. We have heard from the institutions that conduct life-saving research. They say you can't stop and start research programs without irretrievable loss.

I will bet you every Senator has been contacted by NIH expressing their concern and the concern of these researchers about the devastating impact this is going to have.

But it is not just the NIH. The cut across the board alone will have a major impact. Five thousand fewer children are going to receive Head Start services; and 2,800 fewer children are going to receive child care assistance; 120,000 kids will be denied educational services.

This cut across the board has nothing to do with ridding ourselves of waste. This goes to the muscle and the bone of programs that are very profoundly affecting our research, our education, our opportunities for safe neighborhoods, and the COPS Program. The array of things that will happen if this cut is enacted will be devastating.

So I am hopeful that we will get serious and get real about creating the positive environment that will allow us to resolve these matters. We have to resolve the class size issue. We have to resolve the matter of offsets in a way that we can feel good about.

I am hoping we are going to do it sooner rather than later—but we are going to do it. It is the choice of our colleagues. We will do it later, but we will all have to wait until those who continue to insist on this approach un-

derstand that it will never happen; the vetoes will keep coming; the opposition will be as strong and as united a week or 2 weeks from now as it is today. That is why I feel so strongly about the need to oppose this conference report. Let's go back downstairs and do it right.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, as I understand it, the Senator from Pennsylvania has 5 minutes and I have 5 minutes.

Is that correct?

The PRESIDING OFFICER. That is correct.

Mrs. HUTCHISON. Mr. President, I yield to the Senator from Pennsylvania.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I thank my distinguished colleague from Texas for yielding to me.

It is my hope that the Senate will support this conference report. I am saddened to hear the arguments from the other side of the aisle which have turned this matter pretty much into a partisan debate.

When we talk about the 1 percent across-the-board cut, frankly, that is something I do not like. But when you take a look at the increases which are in this bill, they remain largely intact, notwithstanding the fact that there will be a 1-percent cut.

For example, on Head Start, at \$5.2 billion, it has an increase of some \$608.5 million. The 1-percent across-the-board cut will leave, instead of a \$608.5 million increase, a \$570.9 million increase. You will find that throughout the bill.

When the last Senator who spoke made a reference to the difficulties of the National Institutes of Health in stopping and starting, I point out that it has been the initiative of our subcommittee, significantly a Republican initiative, to increase NIH, which has had the full concurrence of the distinguished Senator from Iowa, Mr. HARKIN, representing the Democrats. But 3 years ago, we sought an increase of almost \$1 billion, an increase of some \$900 million, after the conference. Last year, we increased NIH funding by \$2 billion. This year, the Senate bill had \$2 billion, and on the initiative of Congressman PORTER in the House, a Republican, we increased it an additional \$300 million. The ranking Democrat would not even attend the conference we had.

So it does not ring with validity for those on the other side of the aisle to point to the National Institutes of Health and say this conference report, this Republican conference report, is doing damage to NIH. The fact is, it is this side of the aisle that has taken the lead. Again, I include my colleague, Senator HARKIN, who has been my full

partner. But the lead has been taken on this side of the aisle for the NIH.

Now, this bill has, for these three Departments, in discretionary spending, \$93.7 billion, which is an increase of \$6 billion over last year. We have \$600 million more than the President on these very vital social programs. When it comes to education, this bill has \$300 million more than the President. We have provided very substantial funding.

There is a disagreement between this bill and what the President wants on class size reduction. The President has established a priority of class size reduction and wants it his way, and his way exactly. But we have added a \$1.2 billion increase in this budget and we have done so listing the President's priority first; that is, to cut class size. We say, if the local school districts don't agree that class size is their No. 1 priority, they can use it on teacher competency, or they can use it for local discretion, but they don't have an absolute straitjacket. I believe that is the solvent principle of federalism.

Why say to the local school boards across America they have to have it for class size if they don't have that problem and they want to use it for something else in education?

Now, Senator HARKIN and I—and I see my distinguished colleague on the floor—have had a full partnership for a decade. He is nodding yes. When he was chairman and I was ranking, and now that I am chairman and he is ranking, we have worked together. I can understand the difficulties of parties, Democrats and Republicans. I know he is deeply troubled by the 1-percent across-the-board cut; so am I. We tried to find offsets and we tried mightily to avoid touching Social Security, without a 1-percent across-the-board cut.

It had been my hope that on my assurances to my colleague from Iowa we could have stayed together on this. I can understand if it is a matter of Democrats and Republicans and he does not see his way clear to do that at this time. I say to him, whatever way he votes—and he smiles and laughs—my full effort will be to avoid a 1-percent across-the-board cut so we can come out with the bill he and I crafted, the subcommittee accepted, the full committee accepted, and the full Senate accepted, which is a very good bill.

In order to advance to the next stage, it is going to be a party-line vote, something I do not like in the Senate. But I urge my colleagues to support the bill so we can move to the next stage.

Mr. HARKIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, as I understand it, I have 5 minutes.

The PRESIDING OFFICER. That is correct.

Mr. HARKIN. Mr. President, I want to follow up with my colleague and

friend from Pennsylvania. He is absolutely right; we have had a great working relationship for a long time. He has been open with me, as has his staff. We have had a great working relationship, and I think that proved itself in the bill we brought to the Senate floor. We had a great bill on the Senate floor. We had a strong, bipartisan vote, 75-23. It doesn't get much more bipartisan than that around here. It was about half and half, Democrats and Republicans, voting for it. So it was a good bill, a strong bill.

Now, my friend from Pennsylvania, for whom I have the highest respect and affinity, is right; there are a lot of good things in this bill. It reminds me of sitting down at a dinner and you have a smorgasbord of prime rib, steaks, lamb chops, pasta, and all this wonderful meal spread out, and you can sample each one, but you have to take a poison pill with it. Is that really worth eating? That is the problem with this bill. There are good things in it; I admit that to my friend from Pennsylvania. But this 1-percent across-the-board mindless cut that was added later on—I know not with the support of either one of us on the Senate side—is a poison pill. Then they tried to say this is 1 percent and you can take it from waste, fraud, and abuse, or anything like that. But when you looked at the fine print, it was 1 percent from every program, project, and activity; every line item had to be cut by 1 percent.

That means in a lot of health programs, labor programs, and in some education programs, with that 1-percent cut, we are actually below what we spent last year—not a reduction in the increase. We are actually below what we were last year.

I ask unanimous consent to have that table printed in the RECORD.

There being no objection, the table was ordered to be printed in the RECORD, as follows:

**SAMPLE OF PROGRAMS CUT BELOW A HARD FREEZE
UNDER CONFERENCE AGREEMENT¹**

(Compares Labor-HHS items from fiscal year 1999 level to fiscal year 2000 level, total cut in millions)

Program	Amount
DEPARTMENT OF LABOR	
Adult Job Training	\$7.38
Youth Job Training	10.01
Youth Opportunity Grants	2.5
Comm. Service Jobs for Seniors	4.4
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Family Planning	2.14
CDC AIDS Prevention	1.34
CDC Epidemic Services	0.85
Substance Abuse Block Grant	15.34
Medicare Contractors	33.52
Child Welfare/Child Abuse	2.82
DEPARTMENT OF EDUCATION	
Goals 2000	4.91
Teacher Training (Eisenhower)	3.35
Literacy	0.65

¹ Includes 1 percent across-the-board cut.

Mr. HARKIN. When you look at this table, you can see why it is such a poison pill. I am greatly troubled by the

vote coming up. I have been on this committee and the subcommittee now since 1985. I have been privileged to chair it and then to be the ranking member with Senator SPECTER as chairman. To my best recollection I have never voted against a Labor-HHS appropriations bill—not once—when Republicans were in charge and then when Democrats were in charge because we have always worked out a reasonable compromise. Well, this will mark the first time that I will have to vote against it. I don't do so with glee. I don't do so as some kind of a pound on the table, saying this is the worst thing in the world. With that poison pill in there, we just can't eat it. I don't think a lot of people can.

This is cutting Social Security, veterans' health care, Meals on Wheels, community health centers, afterschool programs, and education. Well, we all want to protect Social Security. Let's do it the right way. I believe we are going to have to sit down with the White House. I want to make sure Senator SPECTER, Senator STEVENS, and I are there at the table talking about this because I believe there is a way out of this.

We have a scoring from the CBO that if we have a look-back penalty on tobacco companies for their failure to reduce teen smoking, we can raise the necessary budget authority and outlays needed to meet what we have in our Labor-HHS bill without this mindless 1-percent across-the-board cut, without dipping into Social Security. I believe that is the way to go. I notice that Congressman PORTER, the chairman of the House subcommittee, was quoted just this morning as saying he favors making room for needed spending on discretionary programs by some type of a cigarette tax.

He said that with "the revenue generated by such a proposal we could get rid of all of the accounting gimmicks such as the delayed obligations at NIH."

I want to say something else about that. There is no one who has been a stronger supporter of NIH than Senator SPECTER has been through all of this.

Again, we had a good bill. We had some delayed obligations at NIH. But we had an amount that they could live with. Now, we are up to an amount of about \$7 billion, if I am not mistaken, in delayed obligations at NIH. I believe that is going to cause them some distinct hardships. We have to get those delayed obligations back down to the area we had when we had the bill on the Senate floor.

I compliment Senator SPECTER for doing a great job. He is a wonderful friend of mine, and he has done a great job of leadership on this bill. It is too bad that other authorities someplace decided to put in a poison pill. But, hopefully, after this is over, we can work together, we can get it out, and

we can have a bill that is close to the one that we passed on the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, how much time remains on each side?

The PRESIDING OFFICER. At this time, under the previous order, the Senator from Illinois has 5 minutes, the Senator from New Jersey has 5 minutes, and the Senator from Texas has 5 minutes.

Mr. DURBIN. Thank you, Mr. President.

I urge my colleagues to vote against this bill. This is nominally the District of Columbia appropriations bill. But D.C. is such a small part of it. It is a flea on the back of a big rogue elephant.

We are happy the District of Columbia appropriations bill has reached a point where it should be passed and signed by the President, and the District of Columbia can go on about the business of managing itself. But, unfortunately, leaders in Congress have decided to take this relatively non-controversial bill and add to it this behemoth of a Labor-HHS appropriations bill.

I am going to vote against this bill. As many others on the Democratic side, it marks probably one of the few times in my career that I have opposed the bill by which we fund the Department of Labor, the Department of Health and Human Services, and the Department of Education. But I think those who look closely at this bill will understand there is good reason to vote against it.

Mark my word; this bill that may pass today is going to be vetoed before the sun goes down, and we will be back tomorrow to talk about the next version of the Labor-HHS bill.

Senator DASCHLE is correct. This is a colossal waste of time. We should be negotiating a bill that can be signed instead of posturing ourselves. But if we are to address a posture, let's look at this bill and the posture it takes on one agency. That agency is the National Institutes of Health.

Let me tell you that if for no other reason, every Member of the Senate should vote against this bill because of the decision of the budget "smoothies" to change the way that we fund the agency that pays for medical research in the United States of America.

Look at the way this bill would fund the National Institutes of Health. Historically, the blue lines represent more or less even-line spending throughout the year, month after month, by the National Institutes of Health on medical research, on cancer, on heart disease, on diabetes, and on arthritis. That is the way it should be. It is ordinary business, steady as you go. Researchers know the money will be there and that they are going to be able to use their best skills to find

cures for the diseases that afflict Americans and people around the world. But some member of the Budget Committee, or the Appropriations Committee, has said: Let's play a little game here. Let's take 40 percent of all the money for the NIH and give it to them in the last 2 days of the fiscal year. Let them sit for 11 months, 3 weeks, and 5 days without the money, and then dump it on them in the last few days so that 40 percent of the money and 60 percent of the grants will be funded at the tail end.

The red line indicates what would happen if this Republican proposal went through. This is irresponsible. If we are going to play games with the budget, let's not do it with the National Institutes of Health.

I will concede, as Senator SPECTER said earlier, both he and Senator HARKIN, as well as Congressman PORTER from my State, have done yeomen duty in increasing the money available to the National Institutes of Health over the years. I have always supported that. I will tell you why.

Each Member of the Senate can tell a story of someone bringing a child afflicted by a deadly disease into their office and begging them as a Member of the Senate to do everything they can to help the National Institutes of Health. It is heartbreaking to face these families. It is heartbreaking, I am sure, to sit on the subcommittee and consider the scores of people who come in asking for help at the National Institutes of Health. But each of us in our own way gives them our word that we will do everything in our power to help medical research in America so that the mothers and fathers and husbands and wives sitting in hospital waiting rooms around America praying to God that some scientist is going to come up with a cure will get every helping hand possible from Capitol Hill. This bill breaks that promise. This bill plays politics with the National Institutes of Health.

This bill, if for no other reason, should be voted down by the Senate to send a message to this conference and every subsequent conference that if you are going to find a way out of this morass, don't play politics with the National Institutes of Health.

A few weeks ago, I had the sad responsibility of working with a family in the closing days of the life of their tiny little boy who had a life-threatening genetic disorder called Pompey's disease. He never made it to a clinical trial because we could never bring together the NIH and the university to do something to try to help him. But I did my best, as I am sure every Member of the Senate would.

A mother came to see me last year with a child with epileptic seizures that were occurring sometimes every 2 minutes. Imagine what her life was like and the life of her family.

Each and every one of them said to me: Senator, can you do something to help us with medical research? I gave them my word that I would, as each of us does.

Let's make sure this bill today draws a line in the sand and says to future conference committees that we hold the National Institutes of Health sacred, and we will not allow political games to be played with their budget.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the time allotted to Senator LAUTENBERG of 5 minutes be equally divided between Senator MURRAY and myself.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WELLSTONE. Mr. President, I echo the words of my colleagues, Senator HARKIN from Iowa, and Senator DURBIN from Illinois.

I came here with Senator GRAHAM of Florida when we had this bill on the floor. We talked about the 50-percent cut in title XX block grant social services. That does not sound like much, but let me translate that into human terms.

We talked about the need to have an adequate amount of funding for community mental health services, and the number of people who do not get any care whatsoever. How are we going to deal with people during an extreme mental illness and help children when we don't provide the funding? It is unconscionable.

We talked about the cuts in congregate dining for elderly people, and we talked about cuts for Meals on Wheels for elderly people who can't get dining. We haven't even fully funded that program. Now we are talking about cuts in that program.

What are we about, if we are going to make cuts in these kinds of programs that we haven't adequately funded in the first place?

I talked about the particular problem for Minnesota. When we have these kinds of cuts in these block grant and social service programs, they are passed on to the community level. The States are not involved. It is going to take us a year and a half to two years to provide any of this funding at the State level, if we are ever going to be able to do so.

I say to my colleagues, what about compassion? What about programs that are so important to the neediest people, to the most vulnerable citizens, to children, to the elderly? What are we doing cutting these programs?

I wish Senator GRAHAM was here as well because we restored that 30 percent funding on the floor of the Senate, including community mental health services. All of it has been taken out in conference committee, at least what we were able to add as an increase.

I think that is cruel, shortsighted, unfair, and I don't think it is the Senate at its best.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I join my colleague on this side in urging a "no" vote on this bill, simply because, as Senator WELLSTONE just stated, of our compassion for the thousands of women who will not receive services—victims of domestic violence who won't have housing or counseling or health for their young children; the thousands of people who have diabetes or cancer who will not see the result of research done at NIH because of a 1-percent across-the-board cut; and, the thousands of women and children who depend on Head Start, who depend on our education programs, on the social services that are out there so that those young families can grow and be responsible and contribute back to our economy as strong families in the future. A 1-percent cut doesn't take into account the humanity behind the numbers in this bill.

Finally, on the topic of class size reduction, and why this side is so adamant about it, a block grant cannot guarantee that one child will get a better education. Because of the bipartisan work we did last year, today 1.7 million children are getting a better education in a smaller class size that guarantees they will have the ability to read, write, and perform the skills they need to do in order to compete in our complex world. If we continue this program, there will be millions more who are able to learn to read, write, and do better in school.

This is a partnership we have with our States and our local school districts. Our responsibility is to help them do what they need to do; to provide help where help is needed. There has been a call for reducing class size from across this country, because people know what works. The Congress should be a partner and continue our promise of a year ago in making sure that happens.

The bill will be vetoed; it will be an item of contention. The Democrats stand firm. We want to make sure those children get the best education possible. We are a partner in making that happen.

I yield the floor.

IMPACT AID REAUTHORIZATION

Mr. INHOFE. Mr. President, I rise today with several of my fellow Senators to bring an important matter to the attention of our colleagues in the Senate. I refer to the disproportionate allocation of Federal impact aid funding to local school districts across the country.

As you know, this program is a successful example of the role Federal funding can play in education. This program succeeds in placing Federal

education dollars directly in the hands of local educators, rather than federal bureaucrats.

State income taxes and local property taxes are often the primary funding sources for public school systems. However, military families pay income taxes to their "State of residence," which may or may not be the same as the State in which their children are attending public schools. In addition, military families living on base or American Indians living on trust lands or reservations don't pay property taxes. Public schools are still required to provide these students a quality education. Who pays to educate these children?

Mr. President, Impact Aid fills this gap left when traditional revenue sources are inhibited by the presence of the Federal Government. This program is widely supported by my colleagues. In fact, it's a program which continually receives annual increases in appropriation levels. One would think if more money is flowing into the program then all States are fairly receiving increases in the annual funding levels. Unfortunately, this is not the case.

There is a formula used to determine the amount of funding distributed to each locally impacted school district. While clearly some states are more heavily impacted than others, this formula disproportionately favors certain states and their districts, at the expense of others equally impacted and deserving. Hundreds of school districts across the United States are scraping for the dollars necessary to educate our children. And they are doing it on less and less money every year.

States, local school districts, and parents are the primary resource to educate our children for the future. I would like to inquire of the chairman of Health, Education, Labor, and Pensions his intentions with respect to addressing the formula disparities.

Mr. CAMPBELL. Mr. President, I appreciate my good friend from Oklahoma bringing this to our attention. I have long been a supporter of Impact Aid, and I can speak to this issue from personal experience. For 20 years, my wife Linda taught at a school in southwest Colorado which is dependent upon the program, so I know firsthand its vital importance. In fact, more than 24 million acres of land in Colorado are federally owned lands. Impact Aid eases the burden on surrounding school districts with a smaller tax base because of these Federal lands, ensuring a high-quality education for all students.

My home State of Colorado has lost 16 percent in funding since this program was reauthorized in 1994. As the Impact Aid reauthorization is considered early next year, I look forward to a fair and honest evaluation of the funding formula.

Mr. COCHRAN. Mr. President, I thank the Senator from Oklahoma for

bringing the problem of Impact Aid fund distribution to the attention of the Senate.

In my State, the Impact Aid payments to schools is a relatively small sum, about \$300,000. So, it is especially important that those funds are distributed in an accurate and timely manner. I hope that in our consideration of reauthorizing the elementary and secondary education programs, that Impact Aid is given careful review. I will work to be of assistance in this effort.

Again, I thank my friend from Oklahoma for his leadership on this issue. And, I thank the chairman of the Health, Education, Labor, and Pensions Committee, the Senator from Vermont, for his willingness to address the issue.

Mr. NICKLES. I appreciate my colleagues Senator JEFFORDS and Senator KENNEDY working to remedy this situation. As my colleagues know, Oklahoma has historically come out on the short end of the funding stick in terms of Impact Aid distribution formulas.

Oklahoma has a very large number of impacted districts and this funding is so crucial for them. However, since the last authorization of Impact Aid, Oklahoma has lost 29 percent in Impact Aid funding.

I encourage my colleagues to continue to work, as they have been, to address this inequity to ensure that all States are served by the Impact Aid Program.

Mr. JEFFORDS. Mr. President, I appreciate the Senator from Oklahoma's bringing this matter to my attention. The Committee on Health, Education, Labor, and Pensions is currently preparing legislation to reauthorize programs included in the elementary and Secondary Education Act. The reauthorization process offers an opportunity for congress to review the operations of these programs and to make appropriate modifications. During the last reauthorization of ESEA in 1994, we revised the Impact Aid Program in a way intended to target resources to districts based on their relative need in terms of serving federally connected children. I believe that is the right direction to take and am open to considering any proposal which assists us in better meeting this objective. I welcome the recommendations of all Members and look forward to further discussions regarding the problem which my colleague from Oklahoma wishes to address.

Mr. KENNEDY. Mr. President, I appreciate the comments from my colleagues, and I thank them for bringing this matter to my attention. I will work with Chairman JEFFORDS during the reauthorization of the Elementary and Secondary Education Act to ensure that the Impact Aid Program adequately addresses the needs of students in federally impacted school districts, and that funding is directed to the dis-

tricts with the most need, and is distributed in an equitable manner. I look forward to working with Senator JEFFORDS, Senator INHOFE, and other colleagues to address these issues fairly.

Mr. INHOFE. Mr. President, I thank my friends from Vermont, Massachusetts, Mississippi, Colorado, and Oklahoma for their interest in the reauthorization of Impact Aid and how it affects our States and most importantly our children. I look forward to working together to protect all impacted students.

Mr. ROBB. Mr. President, I had hoped that this year, we could have a reasonable and orderly appropriations process, where we would make the tough decisions that are required to live within our means. I had hoped that we could prioritize our spending, increasing funding for defense to strengthen our nation's readiness, investing in school improvements, devoting needed funds to science and basic research, enhancing our transportation system, and reducing our seemingly inexhaustible demand for pork-barrel projects.

Instead, we are now at the end of the appropriations process and we are facing the prospect of spending even more than we have taken in—despite the fact that revenues exceeded estimates and an on-budget surplus was available to us. At this point we face a Hobson's choice. In order to fulfill a commitment to protect the Social Security surplus that both political parties made to the American people we have to vote for a process that is abhorrent to any concept of responsible budgeting and legislating. In order to fund unwanted and unneeded legislative pork we're taking money from every legitimate program we've already funded—including crucial defense spending and reducing class size.

Rather than making the hard choices throughout the process, and foregoing popular parochial spending that is not critical to our nation's needs, we are forced to make an across-the-board cut in order to meet our commitment. This is not the responsible way to govern. In fact, it's indefensible. We haven't done our job, Mr. President. We're playing rhetorical games and posturing artificially in order to keep this little secret from the American people.

I will vote for this bill very reluctantly because it's the only measure on the table that meets our commitment. Once the President vetoes this bill, then we can get back to the business of making the hard choices. Cutting spending is never easy or popular, but it is necessary if we are to keep our promises.

I oppose spending the Social Security trust funds because I believe that when we voted years ago to take the Social Security trust fund off-budget, we did so in an effort to impose fiscal discipline on ourselves. Although it has

taken years to get to a point where we didn't have to rely on Social Security surpluses to pay our bills, we are now at that point, and we've promised the American people that we will refrain from using Social Security and Medicare taxes to fund other government programs. I support the promise because it helps strengthen our spine to cut unnecessary spending. But strengthening Social Security and Medicare for the long term will take more than just placing the trust funds "off limits."

Mr. President, we have once again limped pathetically to the end of the appropriations process, past the deadline and over the budget. The mere fact that we have to do an across-the-board cut is a testament to the failure of this budget process. If we have to choose between thoughtful budgeting and honoring a commitment, I will vote to honor the commitment. But that shouldn't be the choice.

I will vote for this bill, knowing that it will be vetoed, to send a strong and clear message: government should not spend more than it takes in.

Mr. LEAHY. Mr. President, this morning I voted against the Conference Report for the Labor-HHS-Education-DC Appropriations bill. I am extremely disappointed with the budgetary stalemate that this Congress seems to have reached. This Congress is yet to do much work that we should be proud of and more than a month into the new fiscal year, we have failed to even complete our appropriations work.

I want to mention just a few of the problems I had with this Conference Report. First, this Report made significant reductions to essential programs funded through the Education Department. For example, the proposal before us provided no funding for a class size reduction program that this Congress supported just last year. Vermont is a state that generally enjoys small class sizes for our students. But even Vermont, a rural state with fairly small student to teacher ratios benefits, from the President's visionary program to put more teachers into our class rooms.

Second, this Conference Report made unacceptable cuts to programs funded through the Department of Health and Human Services. For example, this bill cuts \$44 million in requests from the Centers for Disease Control to immunize over 333,000 children against childhood diseases.

In addition to these programmatic cuts, the Conference Report contained budget gimmicks including the use of the Social Security Trust Fund and an across the board cut in spending that reflects Congress' inability to budget responsibly. I understand the President made it very clear that he will veto this Report when it gets to his desk. In spite of this knowledge, my colleagues on the other side felt it was a produc-

tive use of our time to none the less move forward with an unacceptable bill, rather than attempt to negotiate and reach a compromise.

The conference report included a .97 percent across the board, government-wide cut in all discretionary programs. This included the funding for programs such as education and crime prevention—two essential programs for ensuring the safety of our youth. The Office of Management and Budget has estimated some of the effects of this type of across the board cut. For example, approximately 71,000 fewer women, infants, and children would benefit from the important Special Supplemental Nutrition Program for Women, Infants, and Children, also known as the WIC program. An across the board cut of this nature would also mean 1.3 million fewer Meals on Wheels will be delivered to the elderly.

Americans have witnessed over the past several weeks an enormous amount of finger pointing from both sides of the aisle about who's using the Social Security surplus and who's not. I don't think there's much to dispute. According to the non-partisan Congressional Budget Office, even with the so-called across the board cuts, the Republican proposed spending plan will still mean taking \$17 billion from the Social Security Trust Fund.

Let's step back and look at the message that we have sent to Americans by agreeing to this Conference Report and sending it to the President. We have made a statement that we are not interested in placing our students into smaller class sizes even though research has shown they will learn faster with less discipline problems and will have higher high school graduation rates. We have said that we are not interested in ensuring the health of our children by providing immunizations that are known to prevent severe illness and even death from numerous childhood diseases. Finally, we have said that we are not concerned about the nutrition of our women and children nor are we interested in the nutrition of our homebound elderly.

What kind of priorities does this Congress have? Looking at this Conference Report and at our work over the past few months, it's hard for me to tell. We have failed on many fronts to do the work the people of this country have sent us here to do. We haven't passed a comprehensive Patients' Bill of Rights. We have not passed responsible gun control legislation. Just last week we were reminded that we have failed to pass comprehensive medical privacy legislation, leaving the Administration to do our work for us. And now, we can't even do one of our most important jobs—appropriating responsibly.

Mr. President, the Labor-HHS-Education-DC Appropriations Conference Report that this Senate passed this morning is just another example of

where this Congress has failed. I look forward to the day when we can return to a time when we act responsibly and do the work the American people expect of us.

Mr. SANTORUM. Mr. President, I rise today to urge my colleagues and the American people to carefully consider one of the most pressing public health issues which faces America, an issue about which far too few people are aware and which is ever so obliquely tucked into the many pages of the appropriations measure we are about to consider.

This issue has to do with the workings of our national organ transplantation and allocation system and by extension the lives of hundreds of Americans whose lives hang in the balance.

Ideally, our national organ transplantation and allocation system—which at its core is about saving lives—would be governed according to standard medical criteria whereby donated organs go to those who need them most. Sadly, though, this is not the case. Our current organ allocation system has evolved into a needlessly contentious debate where fragile life-and-death decisions are being reduced to economic—and many times geographic—factors.

If you are an American citizen who needs a liver transplant to survive, and you reside in Arizona, California, Colorado, Connecticut, Illinois, Massachusetts, Maryland, Michigan, New York or Pennsylvania, you have much less chance of receiving a transplant than someone else with a similar level of illness who lives in another part of the country. That is the conclusion of the latest patient outcome data from the U.S. Department of Health and Human Services (HHS).

Despite enhanced capacities to keep organs viable for longer periods of time and to make them available to those who would benefit most, many regional transplant centers are still attempting to keep donated organs in their own geographic area. These "organ hoarding" policies and practices contribute to the deaths of thousands of Americans whose lives could otherwise be saved.

Consider: While an estimated 62,000 potential recipients are waiting their turn to receive organs, only 20,000 transplants take place in a given year. More than 4,000 Americans die each year—at least 11 per day—while awaiting organ transplants. Of those, it is estimated that 1,000 Americans—more than 3 each day—might have been saved if the system operated more fairly.

Last year, HHS issued new regulations designed to reduce these inequities. The 1998 Final Rule contained provisions to make the national organ transplant system more fair. Its goal was to ensure that the allocation of scarce organs is based on medical criteria determined by physicians, and

not on geography. But a rider to the 1998 omnibus spending bill delayed implementation of the regulations for a year—and required the Institute of Medicine (IOM) to study the impact of the Final Rule.

Whereas I opposed the moratorium that Congress passed just over one year ago because I was convinced that the HHS rule was in the best interest of patients, many of my colleagues ignored previous studies by the Office of the Inspector General and the General Accounting Office, among others, and were swayed by the rhetoric of this very emotional debate when they supported this one-year moratorium. Proponents of the moratorium then argued that we did not have sufficient evidence to conclude that the current system has inequities. So innocent transplant candidates had to wait at least another year for a sensible policy of broader organ sharing.

Yet, ironically, some of my colleagues' action of endorsing a moratorium reflected a bit of wisdom. If not for the provision in the Omnibus Appropriations bill of 1998 which called on the IOM to study these issues, we would not have such clear evidence in support of the rule, evidence that is void of partisan or special interest input. By its very nature, the IOM was able to distance itself from the pronouncements of those with vested interests and to undertake an academic, evidence-based review of the issues. To question the integrity of the report is to question the integrity of the Institute of Medicine, of our nation's greatest minds, and of the scientific process itself.

As charged by Congress, the IOM released its report on June 20, 1999. And the results were a vindication for patients everywhere and irrefutably argue for pressing forward with the HHS Final Rule with its call for broader organ sharing. The IOM report has five noteworthy highlights.

The first is waiting times. The IOM concludes that waiting time for liver transplantation is an issue only for the most critically ill patients. For patients who are less acutely ill, waiting time is not an appropriate criterion in deciding about the allocation of donor organs. The IOM suggests that equitable access to transplantation would be best facilitated by development of a system with objective criteria that reflect medical need.

The second is larger Organ Allocation Areas. The HHS Final Rule places priority on sharing organs as broadly as possible, within limits dictated by science and technology. The IOM report concurs with this approach, and specifically recommends establishing Organ Allocation Areas (OAAs) for livers. The IOM suggests that OAAs serving at least nine million people each would significantly promote equity in access to transplantation, and be feasible with current technology.

The third is federal oversight. The IOM report recommends that HHS continue to exercise the legitimate oversight responsibilities assigned to it by the National Organ Transplant Act. The report further notes that strong federal oversight is necessary and appropriate to manage the system of organ procurement and transplantation most effectively in the public interest. The report also recommends the establishment of an Independent Scientific Review Board to assist the Secretary in these efforts.

The fourth is data collection and dissemination. The IOM report finds that current data are inadequate to monitor some aspects of the organ transplantation program. They suggest that the Organ Procurement and Transplantation Network contractor should improve data collection, and make standardized and useful data available to independent investigators and scientific reviewers in a timely fashion.

The fifth is effects on organ donation and small transplantation centers. The IOM was also asked to consider whether the requirements in the Final Rule would decrease organ donation, or cause harm to small organ transplantation centers. It found no evidence to suggest that either of these concerns would be realized. The IOM concurs that changes in the organ transplantation system—along the lines proposed by the Secretary—would improve fair access to lifesaving transplantation services.

Mr. President, 20 years ago retaining local allocation of organs was a sensible policy because organ viability—the window of opportunity during which an organ can be successfully transplanted—was not very long. But over the past two decades, the scientific knowledge and techniques for the retrieval, preservation and transplantation of donated organs have improved tremendously and have led to the development of organ transplantation as a means to save lives. These recent advances in science and technology now permit broader sharing of organs, with more focus on medical necessity and less restriction by geography as criteria for organ allocation. And yet, despite these enhanced capacities to keep organs viable for longer periods of time and to make them available to patients in parts of the country far from where those organs first may have been retrieved, many small regional transplant centers incredibly still fight to keep donated organs in their own geographic area.

The Final Rule reflects ongoing commitment by the Secretary of Health and Human Services (HHS), which I share with many of my colleagues on both sides of the aisle, to maintain the most equitable and advanced transplantation system and to reform the anachronistic allocation system which is needlessly costing lives.

The basic principles that underlie the 1998 Final Rule were supported by the conclusions of the IOM study. In late October of this year, HHS released a revised Final Rule, incorporating information and suggestions from the IOM and from the transplant community. This revised Final Rule is the culmination of the IOM study, four Congressional hearings, public hearings and consultations conducted by HHS, and nearly five years of public comment.

Today, proponents of the status-quo system of rank inequities have managed to include in this bill language which calls for yet another moratorium. They now say that any new regulations must be developed only after the National Organ Transplantation Act (NOTA) is reauthorized. This is an interesting change of argumentation now that the facts, as contained in the IOM report and other publications, have been publicized about how the current system in fact does not operate in the public's interest.

Whereas I certainly look forward to working with my colleagues to reauthorize NOTA, and most especially to the opportunity to develop a clear mandate and strategies for increasing organ donation, plans for future NOTA reauthorization should not be used as an excuse to perpetuate the current inequitable system which the Final Rule seeks to remedy. Additionally, the current NOTA statute does provide the Secretary with the necessary authority to immediately address the needs of those who are dying every day because of inequities in the system.

Currently, NOTA mandates that HHS and the transplant community share responsibility to govern the organ transplantation and allocation system. The underlying principle on which Congress enacted NOTA back in 1984 to better coordinate the use of donated organs and to address the concern that the sickest patients receive priority for organ transplantation. As a result of this law, the Organ Procurement and Transplantation Network (OPTN) was established. As you know, the OPTN's membership is comprised of organ procurement organizations and hospitals with transplant facilities. The primary function of the OPTN is to maintain both a national computerized list of patients waiting for transplantation and a 24-hour-a-day computerized organ placement center, which matches donors and recipients. Currently, the United Network for Organ Sharing (UNOS), a private entity, holds the federal contract for the OPTN and establishes organ allocation policy.

I would like to assure my colleagues that under the revised Final Rule, development of the medical and allocation policies of the OPTN remain the responsibility of transplant professionals, in cooperation with the centers, patients and donor families represented on the OPTN board. Most importantly, in the revised Final Rule,

HHS provides for the public accountability that is necessary for a national program on which so many lives depend.

The HHS regulations for broader organ sharing have been the subject of rigorous debate in Congress, within the transplant community, and on the pages and airwaves of the local and national media. While constructive discourse is the root of our democracy, what has concerned me over the past couple of years is that deceit and fear have characterized this particular debate. Even for those who are extremely close to these issues, it has become more and more difficult to distinguish the true facts. Indeed, this is the very reason that Congress stipulated the Institute of Medicine study this issue.

My greatest concern is for the lives of worthy, innocent transplant candidates which hang in the balance each day, each hour, each minute that we delay moving forward with these regulations. Please make every consideration to expedite the process so that the transplant community can move forward to improve the system so that more lives can be saved.

As my colleagues may know, the federal Task Force on Organ Transplantation (formed in 1986), in a critical decision, established that donated organs belong to the community, and it identified that community as a national one. Consistent with this decision, the new HHS regulations identify donated organs as a precious national, not local or regional, resource—thus helping to elicit what James Childress, a medical ethicist who served on the transplant task force, calls “communal altruism” or public commitment to organ donation. Childress, an authority on the subject of organ donation, states in a 1989 edition of the *Journal of Health Politics, Policy and Law*, “Donations of organs cannot be expected unless there is public confidence in the justice of the system of organ distribution.”

In order to maintain an effective system for the allocation of life-saving organs, we must first ensure that we have an adequate supply of those organs. An adequate supply relies on public generosity and commitment, which, in turn, relies on the public perception that the system for organ allocation is both publicly accountable and fair.

The HHS regulations have prompted debate in large part because they would change the allocation system from a local/regional one to one of broader organ sharing. They would allocate organs to the most medically urgent patients first, rather than to those residing in the same geographic area as where the organ was donated. And I emphasize, that while the HHS regulations call for a national system, they do not call for a national allocation system. They leave the specific policy decisions in the hands of the transplant community.

I have registered as an organ donor; when I die, I do not care whether or not my organs go to a resident of Pittsburgh; I hope they go to the person who needs them the most. The majority of Americans share my sentiments. According to the results of a Gallup public opinion survey released this past June, most Americans—83 percent—want donated organs to go to the sickest patients first, regardless of where they live.

Not only do the HHS guidelines meet standards of effectiveness, in part, by helping to ensure broad public commitment to organ donation, they also meet the related standard of equity. By creating a process designed to lead to a broader geographic sharing of organs, these proposed regulations equalize waiting times among transplant centers, thus also—and effectively—save more lives. CONRAD Research Corporation has already identified a number of alternative policies that would equalize waiting times and save more lives.

The HHS regulations further require standardized medical criteria to be used when placing patients on the national waiting list and determining their priority among all patients needing organ transplants throughout the United States. They therefore call for equitable organ allocation throughout the country to ensure that the most medically urgent patients, within reasonable medical parameters, have first access to organs.

We know that there currently exists enormous disparity in waiting times for organ transplantation from region to region in the United States.

Mr. President, I ask unanimous consent that the chart of recently released HHS data be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

COMPARISON OF PERCENTAGE OF PATIENTS WHO RECEIVE LIVER TRANSPLANTS WITHIN ONE YEAR

(All numbers are percentage)

Below national median	National median	Above national median
University Medical Center, Tucson, Arizona—42.	47	St. Luke's Episcopal, Houston, Texas—66.
Stanford University, Palo Alto, California—29.	47	Latter Day Saints Hospital, Salt Lake City, Utah—58.
University Hospital, Denver, Colorado—38.	47	St. Louis University, St. Louis, Missouri—56.
Yale Hospital, New Haven, Connecticut—23.	47	Jackson Memorial, Miami, Florida—67.
University of Illinois, Chicago, Illinois—23.	47	Froedtert Memorial, Milwaukee, Wisconsin—83.
Indiana University, Indianapolis, Indiana—37.	47	Jewish Hospital, Louisville, Kentucky—75.
Massachusetts General, Boston, Massachusetts—29.	47	Rochester Methodist, Rochester, Minnesota—68.
Johns Hopkins, Baltimore, Maryland—23.	47	Vanderbilt University, Nashville, Tennessee—73.
University of Michigan, Ann Arbor, Michigan—24.	47	Fairview University, Minneapolis, Minnesota—63.
North Carolina University, Chapel Hill, North Carolina—39.	47	Medical University, Charleston, South Carolina—61.
Thomas Jefferson, Philadelphia, Pennsylvania—28.	47	Ohio State, Columbus, Ohio—55.
New York University, New York, New York—40.	47	University Hospital, Newark, New Jersey—80.

Source: U.S. Department of Health and Human Services, 1999.

Mr. SANTORUM. Mr. President, these disparities were first brought into sharp focus in the 1997 Report of the OPTN: Waiting List Activity and Donor Procurement, and now even more so in this recently released HHS data. Why the median liver transplantation rate during one year for “listed” candidates in Chicago would be 23% and 83% in Milwaukee is unconscionable. Equally disturbing is that a patient of blood type “O” would have a median waiting time of 721 days in western Pennsylvania and just 46 days in Iowa.

As we can see from the facts under the current allocation system, often a critically ill patient in one region can go without a life-saving organ while a healthier patient in another region—one with a larger supply of organs—can be treated as a priority.

In meeting this standard of equity, the HHS regulations can help to prevent what has become an alarming and extremely parochial trend—that of states passing “local first” laws or resolutions. Kentucky, Louisiana, Oklahoma, South Carolina, Wisconsin, Arizona and Texas have either passed laws or resolutions or have proposed such laws that strive to keep organs in their respective states, while not necessarily allocating these organs to state residents.

This is a critical distinction: Patients often travel from other states for the high-quality care offered by large transplant centers, which generate considerable revenue. When states seek to retain organs in this manner, they are serving economic self-interest, not patient interest. And what of the patients who reside in states with no liver or heart transplant program? These patients, including those with Medicaid and Medicare, must travel to other states, where the access to organs and the waiting times can vary significantly.

The new HHS guidelines would better meet procedural and substantive standards of justice than does current policy. They would encourage more public participation in the policy making process and, therefore, more accountability, and they would equalize the treatment of medically similar cases.

In developing policies for the life-and-death issue of organ allocation, we should rise to broadly accepted standards of justice rather than acquiesce to narrowly defined regional interests.

Arthur L. Caplan of the University of Pennsylvania Center for Bioethics and Peter Ubel of the Philadelphia Veterans Affairs Medical Center wrote in *The New England Journal of Medicine* on Oct. 29, 1998, “We believe that the United States should end policies that permit geographic inequities and move quickly to determine the best use of data on the efficacy of outcomes to create a more equitable national system of distribution.”

Because I believe that any organ allocation system should be defined by, and accommodate, the moral principles of effectiveness and equity, I strongly support the proposed change to a national allocation system as outlined in the Department of Health and Human Services revised regulation. I firmly believe that the Secretary needs to exercise her authority so that a more equitable system based on uniform medical criteria can immediately move forward. Again, I will repeat for my colleagues that plans for future NOTA reauthorization should not be used as an excuse for delay while innocent Americans are needlessly dying. Further delay prevents more needy transplant candidates from receiving vital, life-saving organs.

Now, I realize that this body will likely adopt this conference report, despite its containing this controversial language for another moratorium. But let us bear in mind that the President has vowed to veto this legislation over this issue and other spending priorities contained herein.

Thus, it is not too late. When our leaders reconvene to negotiate budget priorities with the administration, I urge my colleagues to oppose another moratorium, and join me in ending a system that unfairly deprives patients of access to life-saving organ transplantation, and allow the regulations to go forward. This is an issue which transcends politics.

• **Mr. MCCAIN.** Mr. President, I regret that I was unable to be here for the vote but I thank the conferees for their hard work on the conference report that provides federal funding for the District of Columbia, the Departments of Labor, Health and Human Services (HHS), and Education. I am very disappointed that this report includes wasteful, locality-specific, pork-barrel projects, legislative riders, and budget gimmicks such as "forward funding" and a 1-percent cut in government spending across-the-board. Therefore, I cannot support this bill.

This legislation is intended to provide funding directly benefiting American families and senior citizens while assisting our most important resource, our children. It provides funding to help states and local communities educate our children. It also provides the funds to support our scientists in finding treatments for illness. This report also provides funds for ensuring our nation's most vulnerable—our children, seniors and disabled have access to quality health care. Furthermore, it provides the monetary support for important programs assisting older Americans including Meals on Wheels and senior day care programs.

I am pleased that this legislation took an important step towards ensuring that our nation's schools have the flexibility to determine how to meet the unique educational needs of their

students instead of Washington bureaucrats mandating a "one size fits all" policy. Second, this bill provides a significant increase in funding for the National Institutes of Health (NIH) which is critical in our ongoing battle against disease.

These are just some of the important provisions in this conference report. There are many additional items which are as pertinent to our nation's well-being which makes it all the more frustrating that this bill is still laden with earmarks, legislative riders and unjustifiable budget gimmicks.

First, this legislation contains \$388 million in total pork-barrel spending (\$335 million in earmarks and set-asides for the Departments of Health and Human Services, and Education). Some of the more egregious violations of the appropriate budgetary review process include:

\$2.5 million for Alaska Works in Fairbanks, Alaska for construction job training;

\$1.5 million for the University of Missouri-St. Louis for their Regional Center for Education and Work;

\$104 million for the construction and renovation of specific health care and other facilities including: Brookfield Zoo/Loyola University School of Medicine, University of Montana Institute for Environmental and Health Sciences and Edward Health Services, Naperville, Illinois; and

\$3,000,000 to continue the Diabetes Lower Extremity Amputation Prevention (LEAP) programs at the University of South Alabama.

While these projects may have good reason to be deserving of funding, it is appalling that these funds are specifically earmarked and not subject to the appropriate competitive grant process. I am confident that there are many organizations which need financial assistance and yet, are not fortunate enough to have an advocate in the appropriations process to ensure that their funding is earmarked in this legislation. This is wrong and does a disservice to all Americans who deserve fair access to job training and quality health care.

Some of the legislative riders include \$3.5 million in this report to implement the Early Detection, Diagnosis, and Interventions for Newborns and Infants with Hearing Loss Act. This legislative initiative was inserted into the Senate and House appropriation bill without hearings or debate on this proposal by either chamber. I applaud the intentions of this measure and share my colleagues' support for helping ensure that all hospitals, not just the current 20%, provide screening in order to produce early diagnosis and intervention for our children to ensure that they have an equal start in life and learning. However, the manner in which it was included in this measure bypasses the appropriate legislative

procedure. Instead, this measure should have been given full consideration by the Senate as a free-standing initiative or as an amendment to appropriate legislation.

Furthermore, I am also opposed to the use of budget gimmicks in this report. First, the report has opted to use the newly popular budget gimmick of "forward funding," used to postpone spending until the next fiscal year to avoid counting costs in the current fiscal year. What this means is that \$10 billion in funding for job training, health research, and education grants to states is pushed into next year—a budgetary sleight of hand that merely delays the inevitable accounting for these tax dollars. What a sham.

Finally, now that the surplus has been spent for pork-barrel spending instead of shoring up Social Security and Medicare, paying down the debt, and providing tax relief, the appropriators have opted to include a 1-percent cut in government spending across-the-board to keep Congress from touching Social Security. Why not just cut the pork-barrel spending in the first place to avoid resorting to such gimmicks?

Mr. President, because of the egregious amount of pork-barrel spending in this bill, the addition of legislative riders, and the 1-percent across-the-board spending cut, I must oppose its passage. I regret doing so because of the many important and worthy programs included in the conference agreement, but I cannot endorse the continued waste of taxpayer dollars on special interest programs, nor can I acquiesce in bypassing the normal authorizing process for legislative initiatives. If an Omnibus appropriations bill is required in order to complete the appropriations process for fiscal year 2000, I hope that the Congress finds the courage to remove the many earmarks, the budget gimmicks, and the legislative riders contained in this report, the bill, and all others so that we can provide the much needed financial support for job training, education, health care, research and senior programs and avoid a congressional sequester.

The full list of the objectionable provisions is on my Senate website.●

Mrs. HUTCHISON. Mr. President, I have heard the most amazing rhetoric on the other side. I am told by my colleague from Minnesota we have cut all the increases the Senate put in this bill. What is wrong is the facts. We haven't cut the increases. In fact, we haven't cut them out at all. We have increased in the areas where we have prioritized.

Education: \$2 billion more than in last year's budget. What does a 1-percent cut across-the-board mean? It means \$1.8 billion more than we spent last year.

NIH: We are committed to giving NIH double the funding for medical research in this country. We are keeping

our promise. We are increasing NIH \$1.8 billion over last year.

Head Start: We increased it \$600 million. A 1-percent cut means we are increasing it \$594 million.

We are keeping a promise. We have said the most important thing we are going to do in this Congress is keep our Social Security surplus intact. We are doing it by making sure we do not go into that surplus. We are making a 1-percent across-the-board cut in increases because we have given so much more than we did last year.

Let me talk about what happens in a 1-percent decrease. Any person who has ever run a corporation or an agency or even an office knows a 1-percent cut does not go in the programs. We are not going to lose teachers. We are not going to lose people who are getting veteran benefits. They are going to cut travel budgets, office supplies; they will cut in the bureaucracy; that is, if they have the responsibility to make the right decisions.

We are going to keep our promise to keep social security intact. We are going to do it in a responsible way so they can take cuts in travel budgets, they can take cuts in their bureaucracies to make sure the programs are funded at the increased levels that Congress is requiring them to do.

This is the most responsible act Congress has taken. I am stunned the other side will not step up to the plate and do what they promised also; that is, keep Social Security intact.

I yield my remaining time to Senator DOMENICI.

Mr. DOMENICI. Mr. President, I will not repeat what has been stated, other than generally to say most of the social programs in this bill, from Meals on Wheels to student aid to everything else in between, even after the .97-percent cut, are substantially higher than last year and, in almost every instance, higher than what the President of the United States asked for in his budget.

If doing that amounts to cutting a program, then, frankly, I don't understand what it means to increase a program and increase them as dramatically as we have in this bill. The best friend the National Institutes of Health has ever had is a Republican Congress. We are increasing National Institutes of Health because people such as CONNIE MACK and a few others have said double it in the next 5 years. In this bill, we had in NIH \$2.3 billion more than the President; with the across-the-board cut, we are \$2 billion in appropriations more than the President.

Essentially, there has been a lot of talk about saving Social Security, and we have used some OMB scoring where we think it is appropriate. There are those who still come to the floor and act as if they actually know we have infringed on the Social Security surplus. Let me repeat for the Senate, in

March, April, or May of next year, I predict with almost absolute certainty that a budget comes out close to this budget produced by Senator STEVENS and the appropriations bill and will not take any money out of Social Security.

They can argue that the President's numbers wouldn't have taken any out—CBO's numbers might. But essentially, when the bell tolls and we do the reevaluation, we are going to be able to say to the senior citizens we didn't touch Social Security. The .97 is important to that solution.

Mrs. HUTCHISON. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on agreeing to the conference report. The yeas and nays have been ordered. The clerk will call the roll.

The legislative assistant called the roll.

Mr. NICKLES. I announce that the Senator from Arizona (Mr. MCCAIN) and the Senator from New Hampshire (Mr. GREGG) are necessarily absent.

The result was announced—yeas 49, nays 48, as follows:

[Rollcall Vote No. 343 Leg.]

YEAS—49

Allard	Gorton	Nickles
Bennett	Gramm	Robb
Bond	Grams	Roberts
Brownback	Grassley	Roth
Bunning	Hagel	Sessions
Burns	Hatch	Shelby
Byrd	Helms	Smith (NH)
Campbell	Hutchinson	Smith (OR)
Cochran	Hutchison	Snowe
Collins	Inhofe	Specter
Coverdell	Jeffords	Stevens
Craig	Kyl	Thomas
Crapo	Lott	Thompson
DeWine	Lugar	Thurmond
Domenici	Mack	Warner
Enzi	McConnell	
Frist	Murkowski	

NAYS—48

Abraham	Edwards	Levin
Akaka	Feingold	Lieberman
Ashcroft	Feinstein	Lincoln
Baucus	Fitzgerald	Mikulski
Bayh	Graham	Moynihan
Biden	Harkin	Murray
Bingaman	Hollings	Reed
Boxer	Inouye	Reid
Breaux	Johnson	Rockefeller
Bryan	Kennedy	Santorum
Cleland	Kerrey	Sarbanes
Conrad	Kerry	Schumer
Daschle	Kohl	Torricelli
Dodd	Landrieu	Voinovich
Dorgan	Lautenberg	Wellstone
Durbin	Leahy	Wyden

NOT VOTING—2

Gregg
McCain

The conference report was agreed to.
Mrs. HUTCHISON. I move to reconsider the vote.

Mr. CRAIG. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AFRICAN GROWTH AND OPPORTUNITY ACT—Resumed

Pending:

Lott (for Roth/Moynihan) amendment No. 2325, in the nature of a substitute.

Lott amendment No. 2332 (to amendment No. 2325), of a perfecting nature.

Lott amendment No. 2333 (to amendment No. 2332), of a perfecting nature.

Lott motion to commit with instructions (to amendment No. 2333), of a perfecting nature.

Lott amendment No. 2334 (to the instructions of the motion to commit), of a perfecting nature.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, the clerk will report the motion to invoke cloture.

The legislative clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the substitute amendment to Calendar No. 215, H.R. 434, an act to authorize a new trade and investment policy for sub-Saharan Africa.

Trent Lott, Bill Roth, Mike DeWine, Rod Grams, Mitch McConnell, Judd Gregg, Larry E. Craig, Chuck Hagel, Chuck Grassley, Pete Domenici, Don Nickles, Connie Mack, Paul Coverdell, Phil Gramm, R. F. Bennett, and Richard G. Lugar.

The PRESIDING OFFICER. The question is, Is it the sense of the Senate that debate on the substitute amendment No. 2325 to Calendar No. 215, H.R. 434, an act to authorize a new trade and investment policy for sub-Saharan Africa, shall be brought to a close?

The yeas and nays are required under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Arizona (Mr. MCCAIN) and the Senator from New Hampshire (Mr. GREGG) are necessarily absent.

The yeas and nays resulted—yeas 74, nays 23, as follows:

[Rollcall Vote No. 344 Leg.]

YEAS—74

Abraham	Fitzgerald	Lugar
Akaka	Frist	Mack
Allard	Gorton	McConnell
Ashcroft	Graham	Mikulski
Baucus	Gramm	Moynihan
Bayh	Grams	Murkowski
Bennett	Grassley	Murray
Biden	Hagel	Nickles
Bingaman	Harkin	Robb
Bond	Hatch	Roberts
Breaux	Hutchinson	Rockefeller
Brownback	Hutchison	Roth
Bryan	Inhofe	Santorum
Burns	Jeffords	Schumer
Cochran	Johnson	Sessions
Coverdell	Kerrey	Shelby
Craig	Kerry	Smith (OR)
Crapo	Kohl	Specter
Daschle	Kyl	Stevens
DeWine	Landrieu	Thomas
Dodd	Lautenberg	Thompson
Domenici	Leahy	Voinovich
Durbin	Lieberman	Warner
Enzi	Lincoln	Wyden
Feinstein	Lott	